MEMORANDUM FOR ST
ATTN: SANDRA VALTIER

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled Predictors of Long-term Opioid Use in Active Duty Military: Psychotropics, Procedures, Pain presented at/published to San Antonio Military Health System and Universities Research Forum (SURF), San Antonio, TX, 16 June 2017 in accordance with MDWI 41-108, has been approved and assigned local file #17173.

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist’s Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

Warrior Medics – Mission Ready – Patient Focused
INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (GS G &M); 3G5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants, etc.]
   b. In Section 2, there may be funding available for journal costs. If your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QAVG study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). If you have any questions or concerns, please contact the 59 CRD Publications and Presentations Section at 252-7141 for assistance.

8. The 59 CRD Publications and Presentations Section will route the request form to clinical investigations, 502 I&G (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. if your manuscript is accepted for scientific publication, please contact the 59 CRD Publications and Presentations Section at 252-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DTIC). See 59 MDW 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

"The views expressed are those of the [author(s)] (presenter(s)) and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODJ 3216.02_AFI 40-402"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP:

"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."
Identification of Risk Factors That Predict Long-Term Opioid Use and Subsequent Adverse Effects

Predictors of Long-term Opioid Use in Active Duty Military: Psychotropics, Procedures, Pain

12. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC

NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE

13. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)

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20. APPROVING AUTHORITY'S SIGNATURE

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21. DATE

March 21, 2017
Presentation of IRB approved research sub-analysis with appropriate disclaimers. Approved.
PREDICTORS OF LONG-TERM OPIOID USE IN ACTIVE DUTY MILITARY: PSYCHOTROPICS, PROCEDURES, PAIN

William Kazanis, MS1,2, Claudina Tami, BS1, Mary Jo Pugh, PhD RN1,2, Don McGeary, PhD1, Erin P. Finley, PhD, MPH, Maj Joseph Maddry, MD3,5,8, Vik Bebarta, MD3,7, David Carnahan, MD4,8, Jennifer Sharpe Potter, PhD MPH1

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Background: In the United States, chronic pain is more prevalent among active duty (AD) military service members (44%) than civilians (26%). Assessing factors associated with acute versus 3 long-term opioid use patterns (episodic, long-term low dose [LTLD], long-term high dose [LTHD]) may facilitate opioid risk mitigation. We predicted differences in system-level, clinical and opioid characteristics among opioid use patterns.

Materials and Methods: Administrative de-identified data (2012-2013) from the TRICARE Pharmacy Data Transaction Service and M2 DataMart included prescription information and diagnosis codes. Inclusion criteria: AD enrolled in TRICARE for ≥11 months who received ≥1 opioid in a year. Opioid episodes defined as: Acute (<3 months) and episodes greater than 3 months: episodic (<120 days supply/10 prescriptions), LTLD (>120 days supply/10 prescriptions, average MME <20mg), LTHD (same as LTLD except average MME >20mg).

Results: Multinomial logistic regression identified risk factors associated with episodes (acute episodes as comparator). Cohort included 242,578 AD (43.8% Army, 83.9% male and 62.2% 18-25 years old). Individuals co-prescribed benzodiazepines were significantly more likely to have LTLD (4.36 CI[3.90, 4.86]) and LTHD (5.18 CI[4.45, 6.03]). Similarly individuals co-prescribed antidepressants were significantly more likely to have LTLD (13.63 CI[12.09, 15.37]) and LTHD (19.60 CI[16.60, 23.15]). Similar patterns were found for AD Army (vs. Air Force and Navy), and individuals who had major inpatient procedures or back pain.

Conclusions: Results are similar to that observed in civilians. Factors exist that are unique to military context, e.g., service branch. Areas of concern and potential modifiable risk factors include co-prescribing.

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The views expressed are those of the author and do not reflect the official views or policy of the Department of Defense, Department of Veterans Affairs, or its Components.